

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	B1	70305	
O.I.P.E. CLASSIFIER		43	8/28/00
FORMALITY REVIEW	AT	JC832	10/13/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 -+ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
Original	
1	✓ ✓
6	J ✓
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8	
9	
10	
11	✓
12	o o
13	o o
14	D o
15	o o
16	o o
17	✓ /
18	✓ ✓
19	✓ ✓
20	o o ✓
21	✓
22	J ✓
23	✓ ✓
24	✓ ✓ ✓
25	o o ✓
26	✓ ✓ ✓
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31	✓ ✓
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35	
36	✓ ✓ o
37	o o
38	D o
39	o o
40	o o
41	D o
42	✓ J
43	✓ J
44	✓ J
45	o o ✓
46	✓
47	✓ J J
48	✓ J J
49	✓ J J
50	o o ✓

Claim	Date
Final	
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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